

POSITION	INITIALS	ID NO.	DATE
FREE DETERMINATION	Dr		08-01-01
O.I.P.E. CLASSIFIER		10	8-10-01
FORMALITY REVIEW	VE	956	09/06/01
RESPONSE FORMALITY REVIEW			

09/917428

# INDEX OF CLAIMS

☐ Rejected  
☐ Allowed  
☐ (Through manner)  
☐ Restricted  
☐ Non-elected  
☐ Interference  
☐ Appeal  
☐ Objected

Claim	Date	Claim	Date	Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 attach additional sheet here

BEST AVAILABLE COPY

(LEFT INSIDE)

1510  
 09-05